



Wong, Cabello, Lutsch, Rutherford & Brucculeri, LLP

**RECEIVED**  
**CENTRAL FAX CENTER**

**SEP 15 2005**

20333 SH 249, Suite 600  
Houston, Texas 77070  
Direct: 832-446-2409  
Fax: 832-446-2452  
ballen@counselip.com

## FACSIMILE TRANSMISSION COVER SHEET

Date: Thursday, September 15, 2005

To USPTO - Examiner: Tuan Ho

Art Unit: 6215

Fax: 571/273-8300

From: Billy C. Allen III

Customer No: 29855

Atty. Docket #: 199-0127US

Serial No.: 10/004,326

Re: *Please see the attached*

Pages (including cover page): 19

**Received in the United States Patent and Trademark Office**

1. Change of Correspondence Address (1 page);
2. Response to Office Action Mailed June 20, 2005 (2 pages); and
3. Copy of Preliminary Amendment, Expressmail Receipt, and Postcard indicating receipt of Preliminary Amendment (15 pages).

If there is a problem with transmission, please call (832) 446-2400

### CONFIDENTIALITY NOTICE




This communication is only for the person named above. Unless otherwise indicated, it contains information that is confidential, privileged or exempt from disclosure under applicable law. If you are not the person named above, or responsible for delivering it to that person, be aware that disclosure, copying, distribution or use of this communication is strictly prohibited. If you have received it in error, or are uncertain as to its proper handling, please immediately notify us by collect telephone and mail the original

Serial No.: Unknown Filing Date: November 14, 2001  
Title: System And Method For Rotatably Positioning A Camera Or Similar Article About  
Inventor(s)/Applicant(s): Thao D. Hovanky  
Atty. Docket No.: PA2089US Atty/Sec'y Initials: BGG:elf  
Date Mailed: November 14, 2001 Docket Due Date: \_\_\_\_\_

THE FOLLOWING HAS BEEN RECEIVED IN THE U.S. PATENT & TRADEMARK OFFICE: NO POSTAL STAMP REQUIRED

- ☒ Amendment/Response: 13 pgs.  
☐ Assignment & Assignment Cover Sheet \_\_\_\_\_  
☐ Certificate of Mailing  
☒ Check in the amount of: \$ 794  
☐ CIP Application  
☒ Continuation Application  
☒ Declaration & POA  
☐ Design Patent Application  
☐ Divisional Application  
☒ Drawings: 8 # of sheets incl. 8 1 figs.  
☒ Express Mail No.: EV002168967US  
☒ Fee Calculation Sheet 2 Copies  
☐ Information Disclosure Statement  
☐ Issue Fee Transmittal 2 Copies  
☒ Other: Cover letter for old declaration
- ☐ Power of Attorney  
☐ PTO Form 1449 IDS (in duplicate)  
☐ Cited References  
☐ PCT Application: \_\_\_\_\_ pgs. of specification (w/claims & abstract)  
☐ PCT Demand \_\_\_\_\_ pages  
☐ PCT Request \_\_\_\_\_ pages  
☐ Provisional Application: \_\_\_\_\_ pages  
☐ Petition of Ext. of Time: \_\_\_\_\_ months  
☒ Transmittal Letter (in duplicate, PTO form 1082/1083)  
☐ Utility Application: \_\_\_\_\_ pgs. of specification (w/claims & abstract)  
☐ Petition for: \_\_\_\_\_
- 10/004326**  
11/14/01

PLEASE STAMP THE DATE OF RECEIPT OF THE ENCLOSED DOCUMENTS AND RETURN THE CARD TO THE ADDRESS

 <b>EXPRESS MAIL</b> UNITED STATES POSTAL SERVICE®		<b>POST OFFICE TO ADDRESSEE</b>		 EV 002168967 US	
<b>ORIGIN (POSTAL USE ONLY)</b>					
PO ZIP Code 94303	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/> 1			
Date In 11/14/01	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 16.25			
Time In 8:30 AM	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Return Receipt Fee			
Weight 8.6 lbs	Int'l Alpha Country Code	COD Fee		Insurance Fee	
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance/Check Initials MN	Total Postage & Fees \$ 16.25		WAFER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. (When delivery is to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I declare that delivery employee's signature constitutes valid proof of delivery.) NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	
<b>CUSTOMER USE ONLY</b>					
METHOD OF PAYMENT: X940408					
FROM: (PLEASE PRINT) PHONE: 650 812 3400 CARR & FERRELL 2225 E BAYSHORE RD # 200 PALO ALTO CA 94303-3220					
TO: (PLEASE PRINT) PHONE: _____ Box Patent Application Commissioner for Patents Washington, D.C. 20231					
Polycom, Inc. PA2089US BGG:elf					
FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com 					

 Customer Copy  
 Label 11-F August 2000